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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

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	Attorney Docket Nur	nber TEPH 102			
DECLARATION FOR UTILITY OR DESIGN	First Named Invento	Simon F. Williams			
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number	/			
■ Declaration ☐ Declaration	Filing Date	September 14, 2000			
Submitted OR Submitted after Initial	Group Art Unit				
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name				

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  POLYHYDROXYALKANOATE COMPOSITIONS FOR SOFT TISSUE										
REPAIR, AUGMENTATION, AND VISCOSUPPLEMENTATION										
the specification of which (Title of the Invention)  is attached hereto										
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have	reviewed and understand the ent specifically referred to al	contents of the above iden	tified specificatio	n, including the c	laims, as					
	disclose information which is		defined in 37 CF	R 1 56						
r acknowledge the duty to	disclose information which is	s material to pateriability as	delined in or or							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	y Attached? NO					
			0000	0000	0000					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Numbe		te (MM/DD/YYYY)								
60/153,810	September 1	4, 1999	Additional provis numbers are list supplemental pri							

[Page 1 of 2]
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## Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.															
U.S. Parent Application or PCT Parent Number				Р	Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (if applicable)							
				-	,			<u> </u>					<u>, , , , , , , , , , , , , , , , , , , </u>		
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.															
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pate and Trademark Office connected therewith:  Customer Number  OR  Customer Number   Customer Number   Customer Number   Customer Number Bar Code										omer Code					
Registered practitioner(s) name/registration number listed below															
	Nam	е			Nur	tration mber				Nam	10		Registration Number		
Patrea L.	Pabst				31,28	34									
Robert A	. Hod	ges			41,07			ļ							
Kevin W.	. King			4	42,73	57									
				<u> </u>		. =									
Additional L	registered	d practitioner(s) n	named o	n supp	lementa	l Registe	red Pra	actitioner	Info	ormation sho	eet PTO/	/SB/020	attached here	to.	
Direct all correspondence to: Customer Number or Bar Code Label									OR	¥ Co	orrespo	ondence add	ress below		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.															
Name of Sole or First Inventor:										ntor					
Gi	ven Nar	ne (first and m	iddle [if	anyl)				Family Name or Surname							
Simon F.							Williams						·		
Inventor's Signature													Date		
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Post Office A	ddress														
City		Sherborn State MA ZIP				IP	p 01770 Countr				ntry	, US			
<b>■</b> Additional	invento	re are being na	amed o	n the	1 61	ınnleme	—– Δletn	dditiona	l In	ventor(s)	sheet(s)	PTO/	SB/02A attac	hed hereto	



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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									ventor			
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Given Na	me (first and middle [if any	/])				Family Nar	ne or S	Sumame				
Inventor's Signature								Da	te			
Residence: City		State			Country			Citizer	nship			
Post Office Address												
Post Office Address												
City		State			ZIP		Coun	try				
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor									ventor			
Given Na	me (first and middle [if any	/])				Family Nar	ne or S	Surname				
Inventor's Signature						ŗ. <del></del>	<del></del>	Da	te			
Residence: City		State			Country				Citizenship			
Post Office Address												
Post Office Address												
City		State			ZIP		C	ountry				

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